

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (NAME):			
Insert name of court, judicial district or branch court, if any, and post office and street address:			
PLAINTIFF:			
DEFENDANT:			
<b>ANSWER—Personal Injury, Property Damage, Wrongful Death</b> <input type="checkbox"/> COMPLAINT OF (name): <input type="checkbox"/> CROSS-COMPLAINT OF (name):			CASE NUMBER:

1. This pleading, including attachments and exhibits, consists of the following number of pages: \_\_\_\_\_

**DEFENDANT OR CROSS-DEFENDANT (name):**

2. ☐ Generally **denies** each allegation of the unverified complaint or cross-complaint.

3 a. ☐ DENIES each allegation of the following numbered paragraphs:

b. ☐ ADMITS each allegation of the following numbered paragraphs:

c. ☐ DENIES, ON INFORMATION AND BELIEF, each allegation of the following numbered paragraphs:

d. ☐ DENIES, BECAUSE OF LACK OF SUFFICIENT INFORMATION OR BELIEF TO ANSWER, each allegation of the following numbered paragraphs:

e. ☐ ADMITS the following allegations and generally denies all other allegations:

SHORT TITLE:	CASE NUMBER:
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### ANSWER—Personal Injury, Property Damage, Wrongful Death

f. ☐ DENIES the following allegations and admits all other allegations:

g. ☐ Other (*specify*):

#### AFFIRMATIVELY ALLEGES AS A DEFENSE

4. ☐ The comparative fault of plaintiff or cross-complainant (*name*):  
as follows:

5. ☐ The expiration of the Statute of Limitations as follows:

6. ☐ Other (*specify*):

#### 7. DEFENDANT OR CROSS - DEFENDANT PRAYS

For costs of suit and that plaintiff or cross-complainant take nothing.

☐ Other (*specify*):

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Signature of party or attorney)